

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/57836**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1	1				
10		1				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17	1	1				
18		1				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25	1	1				
26		1				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
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41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	4					
TOTAL DEP.		44				
TOTAL CLAIMS		48				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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56						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						